| PATENT APPLICATION FEE DETERMINATION RECO                                |   |                               |              |         |            |                                     |                  |              |        | Application or Docket Number |                         |                   |                        |  |  |
|--|---|-------------------------------|--------------|---------|------------|-------------------------------------|------------------|--------------|--------|------------------------------|-------------------------|-------------------|------------------------|--|--|
| Effective December 16, 1991  |   |                               |              |         |            |                                     |                  | •            | 827/87 |                              |                         |                   |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |                               |              |         |            |                                     | SM               | SMALL ENTITY |        |                              | OTHER THAN SMALL ENTITY |                   |                        |  |  |
| FOR  |   |                               | NUMBER FILED |         |            | NUMBER EXTRA                        |                  |              | ATE    | FEE                          |                         | RATE              | FEE                    |  |  |
| BASIC FEE  |   |                               | reg.         |         |            |                                     |                  |              |        | \$ 345.00                    | OR                      |                   | \$ 690.00              |  |  |
| TOTAL CLAIMS   |   |                               | 8 minus 20 = |         |            | •                                   |                  |              | \$10-  |                              | OR                      | x \$20 -          |                        |  |  |
| INDEPENDENT CLAIMS   |   |                               | / minus 3 =  |         |            | •                                   |                  |              | 36 -   |                              | OR                      | x 72 =            |                        |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |                               |              |         |            |                                     |                  | +            | 110 -  | 7.                           | OR                      | + 220 =           |                        |  |  |
| * If the difference in column 1 is less then zero, enter "O" in column 2 |   |                               |              |         |            |                                     |                  | TC           | TAL    |                              | OR                      | TOTAL             | 690                    |  |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |   |                               |              |         |            | SMALL ENTITY                        |                  |              | OR     | OTHER SMALL                  |                         |                   |                        |  |  |
| AMENDMENT A  |   | CLA<br>REMA<br>AFT<br>AMENI   | INING<br>ER  | THE WAY | PRE        | SHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA | R/           | TE-    | ADDI-<br>TIONAL<br>FEE       | e.                      | RATE              | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total .   | •                             |              | Minus   | **         |                                     | -                | x \$         | 10-    |                              | OR                      | x \$20 =          | 1                      |  |  |
|  | Independent   | •                             |              | Minus   | ***        |                                     | =                | x :          | 36 =   | ī                            | OR<br>OR                | x 72=             |                        |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                               |              |         |            |                                     |                  | 1            | 10 -   |                              | OR                      | + 220 =           |                        |  |  |
| ,  | (Column 1) (Column 2) (Column 3)  |                               |              |         |            |                                     | TO<br>ADDIT.     | TAL<br>FEE   |        | OR                           | TOTAL<br>DDIT. FEE      |                   |                        |  |  |
| AMENDMENT B  |   | CLA<br>REMA<br>AFT<br>AMEND   | INING<br>ER  |         | NU<br>PRE  | SHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA | RA           | TE     | ADDI-<br>TIONAL<br>FEE       | OR<br>OR<br>OR          | RATE              | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | •                             |              | Minus   | **         |                                     |                  | x\$          | 10 -   |                              |                         | x \$20 =          | 200                    |  |  |
|  | Independent   | •                             |              | Minus   | 200        |                                     | •                | x:           | 16 =   |                              |                         | x 72 =            |                        |  |  |
| 9  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                               |              |         |            |                                     |                  | +1           | 10 =   |                              | OR                      | + 220 =           | 7                      |  |  |
|  | (Column 1) (Column 2) (Column 3)  |                               |              |         |            |                                     |                  | ADDIT.       | FEE    |                              | OR A                    | TOTAL<br>DIT. FE  |                        |  |  |
| AMENDMENT C  |   | CLA<br>REMAI<br>AFTI<br>AMEND | NING<br>ER   |         | NU<br>PREV | HEST<br>MBER<br>NOUSLY<br>D FOR     | PRESENT<br>EXTRA | RA           | TE     | ADDI-<br>TIONAL<br>FEE       | OR                      | RATE              | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | •                             |              | Minus   | ••         | ·                                   | •                | x \$         | 10 -   |                              |                         | x \$20 =          |                        |  |  |
|  | Independent   | •                             |              | Minus   | ***        |                                     | -                | x 3          | 8 -    |                              | OR                      | x 72 =            |                        |  |  |
| 7  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                               |              |         |            |                                     |                  |              | 10 -   |                              | OR                      | + 220 =           |                        |  |  |
| II 4   | " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number |                               |              |         |            |                                     |                  |              |        |                              |                         | TOTAL<br>DIT. FEE |                        |  |  |